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FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

The Committee for the Advancement of Stem Cell Research(b) Address (number and street) check if different than previously reported*300 Garden City Plaza, Suite 284***2. FEC Identification Number***C00377932*

(c) City, State and ZIP Code

Garden City, NY 11530

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

 New*07 12 2004***3. Is This Statement***or***4. Covering Period***through* Amended*64 02 2004***5. (a) Date of Public Distribution(s)***07 13 2004***(b) Communication Title** *Don't vote for Ralph***6. Is the Filer a Qualified Nonprofit Corporation Under 11 CFR 114.10?**Yes No **7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Made from ~~our~~ sole account****8. Custodian of Records** *#All records kept in Garden City office*

(a) Name

Frank A. Coccozzelli

(b) Address (number and street)

743 Hyatt Blvd

(c) City, State and ZIP Code

Staten Island NY 10305

(d) Name of Employer or Principal Place of Business

(e) Occupation

*Self-employed attorney***9. Total Donations This Statement***1,850.00***10. Total Disbursements/Obligations This Statement***3,050.00*

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM*Frank A. Coccozzelli***SIGNATURE****DATE***7/13/04*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437c.